No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40804

JAN 24 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4480

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1332 Kensington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community About 18 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1332 Kensington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emmer Sills

3. (b) If veteran, name war —

3. (c) Social Security No. No

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Nick Sills

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. (Month) 18 (Day) 1886 (Year)

8. AGE: Years 55 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Woodruff Co. (City, town, or county) Okla. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Giles Bennett
13. Birthplace (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Frances Sills
15. Birthplace White Co. (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Nick Sills
(b) Address 1332 Kensington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-194 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2900 E. 12th

19. (a) 1/3/44 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29 year 1941 hour 10 minute 45A. M.

21. I hereby certify that I attended the deceased from June 14, 1941, 19..., to Nov. 29, 1941, 19...; that I last saw him alive on Nov. 29, 1941, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy.	?
Due to Chronic myocarditis.	DK
Due to Pulmonary emphysema.	D.K.
Bronchial asthma.	D.K.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. E. Williams, MD (M. D. or other)
Address 1213 Baxter. K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edw G Evans

Licensed Embalmer No. 3836

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.